

May 24, 1990

NOAA DIVING SAFETY BULLETINS

MEMORANDUM FOR: All NOAA Divers

FROM: J. Morgan Wells, NOAA Diving Coordinator

SUBJECT: #90-1; Incident Reporting
#90-2 Field Treatment of Suspected DCS
#90-3 Trendelenburg Position

NOAA DIVING SAFETY BULLETIN #90-1

INCIDENT REPORTING

1. Diving incidents involving equipment malfunctions, diving emergencies, questionable decompression sickness, etc., must be reported immediately via telephone to the NOAA Diving Coordinator (804/878-4092) or the Deputy Diving Coordinator (206/526-6196 or FTS 392-6196).
2. Report Routing Schedule:
 - a. Divemaster; Report immediately to Unit Diving Supervisor (UDS) and submit written report within 7 days to the UDS.
 - b. Unit Diving Supervisor; Report immediately to Line Office Diving Officer (LODO) and submit written report within 10 days to the LODO.
 - c. Line Office Diving Officer; Report immediately to the NOAA Diving Coordinator and submit written report within 30 days to the NOAA Diving Coordinator.

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NOAA DIVING SAFETY BULLETIN #90-2

FIELD TREATMENT OF SUSPECTED DECOMPRESSION SICKNESS

1. Field treatment of suspected or mild decompression sickness (oxygen administration only) must be followed by an evaluation by a physician.

Diving is unauthorized until the evaluation has been completed and reported.

2. Report Routing/Schedule:

- a. Divemaster; Report immediately to Unit Diving Supervisor (UDS) and submit written report within 7 days to the UDS.
- b. Unit Diving Supervisor; Report immediately to Line Office Diving Officer (LODO) and submit written report within 10 days to LODO.
- c. Line Office Diving Officer; Report immediately to the NOAA Diving Coordinator and submit written report within 30 days to the NOAA Diving Coordinator.

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NOAA DIVING SAFETY BULLETIN #90-3

TRENDELENBURG POSITION

1. Trendelenburg position is no longer recommended for treatment/management of diving accidents.

Physicians affiliated with NOAA Diving Program and other major medical institutions have stated that the Trendelenburg position (head down, body elevated) is of questionable benefit or necessity.

2. Emergency treatment of patients with arterial gas embolism (AGE) includes:
 - a. Maintenance of airway, breathing and circulation.
 - b. Placement of the patient flat with left or right side down in order to minimize the possibility of aspiration in the event of regurgitation.
 - c. Administration of 100% oxygen.
 - d. Rapid evacuation to recompression chamber facility.

These measures form the basis for the emergency treatment of AGE. Head-down position is of uncertain benefit at the present time. It should only be used in a patient with impaired consciousness if the first two measures have been instituted. The patient should not be left in the head-down position for longer than twenty (20) minutes. Placement of the patient in the head-down position should not interfere with rapid evacuation.

Head-down position is of questionable therapeutic benefit in the emergency treatment of decompression sickness. If the patient is awake and alert, or if the symptoms are delayed more than ten minutes after surfacing from the dive, or if there is any difficulty in maintaining a clear airway (i.e., the patient is not breathing or breathing poorly), then the head-down position should not be used.